

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s161116

Scheduled Claim Ref # 12-F2 13431
YOUR CLAIM IS SCHEDULED AS

In re
Fleming Foods of Texas, LP

Case Number
03-10955

\$510.00 UNSECURED

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name of Creditor and Address

0354429389858

CYMAN THERAPY PRODUCTS INC
50760 METZEN DR
CHESTERFIELD PA 48051

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.
If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (586) 949-5003

CREDITOR TAX I.D. #
38-2868782

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
MECIQ

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Taxes Wages, salaries, and compensation (Fill out below)
 Money loaned Other (describe briefly) _____
 Your social security number _____
 Unpaid compensation for services performed from _____ to _____
 (date) (date)

2 DATE DEBT WAS INCURRED 3-5-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 510.00 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 510.00 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM
 Check this box if your claim is secured by collateral (including a right of setoff).
 Brief description of collateral:
 Real Estate
 Motor Vehicle
 Other _____
 Value of collateral \$ _____
 Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

6 UNSECURED PRIORITY CLAIM
 Check this box if you have an unsecured priority claim.
 Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,650) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)
 Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
 Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)
 Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
 Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
 Other: Specify applicable paragraph of 11 U.S.C. § 507(a) _____
Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available. Explain. If the documents are voluminous, attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m. September 15, 2003, Pacific Daylight Time.

BY MAIL TO
Bankruptcy Management Corporation
P.O. BOX 900
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED

AUG 08 2003

RMC

Fleming Companies Claim



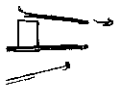
02650

DATE SIGNED
8-5-03

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).
Steph. Cyman, President

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions



CYMAN THERAPY PRODUCTS, INC

Specializing in Physical Therapy Equipment Supplies & Service
50760 Metzger Dr Chesterfield MI 48051

(586) 949 5003 • FAX (586) 949 739

PAGE NO 1	INVOICE NO 055476	APPLY TO	INVOICE DATE 3/5/2003	CUST NO MEC10
INVOICE			046393 WORK ORDER NO	0 B O

This equipment remains the property of CYMAN THERAPY PRODUCTS INC until paid in full
A 1 1/2% finance charge will be added to balance past 30 days
Any returned item may be subject to a 25% restocking charge

VAT No EXEMPT

CHRIS PETERSON
MEDCOR, INC
4805 WEST PRIME PARKWAY
P O BOX 550
MCHENRY IL 60051

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ATTN GREG LORENTZ
MEDCOR, INC
2600 McCREE ROAD
GARLAND TX 75041

DATE SHIPPED 3/5/2003	PURCHASE ORDER NO 12-13-02CPFLEMI	SHIP VIA DROP SHIP	FOB SHIPPING POINT	TERMS DUE UPON RECPT
BUYER CHRIS PETERSON	DATE REQUESTED 12/13/2002	LOCATION MAIN	SALESPERSON	TERRITORY OUT OF STATE

ITEM NO	DESCRIPTION	QUANTITY ORDERED	QUANTITY BACK ORD	QUANTITY SHIPPED	UNIT PRICE	EXTENSION	TAX
DM-DYNAMT043056-00	BASELINE BACK LEG CHEST DYNAMOMETER 12-0403	1		1	450 00	450 00	
	12-0441 DOUBLE HANDLE SC	1		1	40 00	40 00	

576.31
- 66.31
510.00
CMT# 055826
Bal

SUBTOTAL 490 00 86 31 Freight INVOICE NO 055476 576 31

COPY OF INVOICE REQUIRED WITH APPROVED PRODUCT RETURNS

PLEASE REMIT THIS AMOUNT



CYMAN THERAPY PRODUCTS, INC

Specializing in Physical Therapy Equipment Supplies & Service
10760 Metzger Dr Chesterfield MI 48051

(386) 949 1003 FAX (386) 949 7395

PAGE NO	INVOICE NO	APPLY TO	INVOICE DATE	CUST NO
	035826	05547	3/21/2003	MEC10
INVOICE			WORK ORDER NO	BO

This equipment remains the property of CYMAN THERAPY PRODUCTS INC until paid in full
A 1 1/2% finance charge will be added to balance past 30 days
Any returned item may be subject to a 25% restocking charge

<<<< CREDIT MEMO >>>>

VATING EXEMPT

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CHRIS PETERSON
MEDCOR INC
4805 WEST PRIME PARKWAY
P O BOX 550
MCHENRY IL 60051

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ATTN GREG LORENTZ
MEDCOR INC
2600 MCCREE ROAD
GARLAND TX 75041

DATE SHIPPED 3/21/2003	PURCHASE ORDER NO	SHIP VIA FEDEX GROUND	FOB SHIPPING POINT	TERMS DUE UPON RECPT			
BUYER	DATE REQUESTED 3/21/2003	LOCATION MAIL	SALESPERSON STEPHEN CYMAN	TERRITORY OUT OF STATE			
ITEM NO	DESCRIPTION	QUANTITY ORDERED	QUANTITY BACK ORD	QUANTITY SHIPPED	UNIT PRICE	EXTENSION	TAX
	CREDIT OVER CHARGE OF FREIGHT REFERENCE INVOICE 055478 3-5-03 MFC BILLED INCORRECTLY						

SUBTOTAL

0.00

56.31
Freight

5.71

COPY OF INVOICE REQUIRED WITH
APPROVED PRODUCT RETURN

INVOICE NO
055826

CR

PLEASE REMIT
THIS AMOUNT

DUPLICATE